LEAVE FORM

PERSONAL INFORMATION

1. Enter your full name

Family Name (Surname)

Given Name

2. Enter your birth date

Day/month/year

3. Gender

Male ☐ Female ☐ Other ☐

4. Student ID:

5. Course/s Enrolled:

6. Enter your contact details

Home phone

Work phone

Mobile

Email

REQUEST DETAILS

TICK ONE OPTION BELOW		Date from *(DD/MM/YEAR)*	Date to *(DD/MM/YEAR)*
☐	Temporary Leave from Enrolment (After course commencement)	_____/ _____/ _____	_____/ _____/ _____

REASON FOR REQUEST

Please select ONE of the following options

TICK ONE OPTION BELOW	REASON FOR REQUEST	PLEASE PROVIDE EVIDENCE
☐	Serious illness or injury, where a medical certificate states that you are unable to attend classes	Medical certificate/ hospitalisation records
☐	Bereavement of close family members such as parents or grandparents	Death certificate, if possible or other evidence, such as hospitalisation records/ police records
☐	Temporary leave from the course (for family, holiday or religious purposes)	

TRAVEL DETAILS

Are you leaving Australia during the above period?

☐ No ☐ Yes, please attach a copy of your travel itinerary and flight details

VISA INFORMATION

If you wish to get a leave during your course due to compassionate or compelling circumstances, you must complete the Leave Form and submit the form to Aventia Institute prior to the required date for leave.

This written application must include supporting documentary evidence to be assessed and approved by Aventia Institute.

Please note that the process of approving personal leave from an enrolment may affect your student visa. If you have any enquiries, you should visit the DIBP website www.immi.gov.au or call the DIBP helpline on 131 881 or contact your local DIBP office for advice to prevent an unsatisfactory visa outcome.

If you return prior to the stated date or expected date, you must notify Aventia Institute as soon as possible.If you return prior to the deferment or suspension stated date or expected date, you must notify Aventia Institute as soon as possible.

PLEASE READ AND SIGN BELOW

By signing below, I confirm that:

1. I have provided accurate and complete information
2. I acknowledge and understand that the provision of incorrect information may lead to a cancellation of my enrolment and student visa

Signed _____ (Student)

Date _____

Name _____

Signed _____ (Parent / Guardian, if student is under 18)

Date _____

Name _____

FOR OFFICE USE ONLY

APPLICATION ASSESSMENT

Application approved ☐ Yes ☐ No, give reason

_____

Signed _____ (CEO/ Authorised Officer)

Date _____

Name _____

ADMINISTRATION

Student notified of outcome ☐ Yes ☐ No, give reason

_____

PRISMS updated? ☐ Yes Date notified: _____

Signed _____ (Authorised officer)

Date _____

Name _____